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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R.)		<b>Complete if Known</b>	
<h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">For FY 2009</h2>		Application Number	10/026,171
		Filing Date	December 21, 2001
		First Named Inventor	Agapios K. Agapiou et al.
		Examiner Name	James E. McDonough
		Art Unit	1793
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Attorney Docket No.	1999U024D1.US
<b>TOTAL AMOUNT OF PAYMENT (\$)</b>		<b>\$180.00</b>	

**METHOD OF PAYMENT** (check all that apply)
☐ Check   
☐ Credit Card   
☐ Money Order   
☐ None   
☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account   
 Deposit Account Number: 50-0589   
 Deposit Account: Univation Technologies, LLC

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below   
☐ Charge fee(s) indicated below, **except for the filing fee**
☒ Charge any additional fee(s) or any underpayments of fee(s) under 37 CFR 1.16 and 1.17   
☒ Credit any overpayments

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**
**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid(\$)
	Fee (\$)	<u>Small Entity</u> Fee (\$)	Fee (\$)	<u>Small Entity</u> Fee (\$)	Fee (\$)	<u>Small Entity</u> Fee (\$)	
Utility	330	165	540	270	220	110	_____
Design	220	110	100	50	140	70	_____
Plant	220	110	330	165	170	85	_____
Reissue	330	165	540	270	650	325	_____
Provisional	220	110	0	0	0	0	_____

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	<u>Small Entity</u> Fee (\$)
Each claim over 20 (including Reissues)	52	26
Each independent claim over 3 (including Reissues)	220	110
Multiple dependent claims	390	195

Total Claims	Extra	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims Fee (\$)	Fee Paid (\$)
_____ - 20 or HP = _____	x	<u>\$52.00</u>	= <u>\$0.00</u>	_____	_____

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra	Fee (\$)	Fee Paid (\$)
_____ - 3 or HP = _____	x	<u>\$220.00</u>	= <u>\$0.00</u>

HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____ - 100 = _____	/ 50	<u>0</u> (round up to a whole number) x	<u>\$270.00</u>	= <u>\$0.00</u>

**4. OTHER FEE(S)**

Non-English specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Information Disclosure Statement\$180.00**SUBMITTED BY**

Signature	/Jennifer A. Schmidt/	Registration No. (Attorney/Agent)	63,040	Telephone	(713) 892-3729
Name (Print/Type)	Jennifer A. Schmidt			Date	October 1, 2009

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

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